

ACCOMMODATION FORM

Unifor Family Education Centre

115 Shipley Avenue, Port Elgin, Ontario NOH 2C5

Toll Free: 1.800.265.3735 ext. 3221 • Fax: 519.389.3222 • Email: confcentre@unifor.org

Event/Conference Name: _____

Arrival Date: _____ Departure Date: _____

Guest Mailing Address Information

Guest Name: _____ Gender: _____

Address: _____ City: _____

Province/State: _____ Postal Code/Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Family Information - complete names only if they are attending:

Spouse/Partner attending: Yes No Name: _____

Emergency Contact: _____ Phone: _____

Special Requirements (i.e. diet, accessible room, no stairs, medical

No: Yes: Explain: _____

Do you smoke? No: Yes: (If so, we will provide ground floor access to patio if available)

Rooming Request (Partner): _____

METHOD OF PAYMENT

Full payment for room and meals will be made by the delegate:

Delegate & spouse/partner \$395.00 + HST per night

Delegate only single room \$320.00 + HST per night

Shared room with another delegate \$245.00 + HST per night

no personal cheques

Room and Meals Fee: \$ _____

CVC

please complete the following information:

Personal Visa/MC/AMEX: _____ Expiry Date: _____/_____(mm/yy)

I agree to be personally liable in the event that the indicated person, corporation or labour organization fails to pay for any part or the full amount of the invoice. The Centre assumes no responsibility for loss of money, jewels, or other valuables and is not responsible for articles left in rooms or automobiles.

Guest Signature: _____

Date: _____

CHECK-IN 3:00 p.m. • CHECK-OUT 11:00 a.m. • NO PETS ALLOWED